1 **FILED** CLERK, U.S. DISTRICT COURT 2 3 09/03/2021 4 CENTRAL DISTRICT OF CALIFORNIA JBB DEPUTY 5 BY: 6 7 8 UNITED STATES DISTRICT COURT 9 FOR THE CENTRAL DISTRICT OF CALIFORNIA 10 June 2021 Grand Jury 11 UNITED STATES OF AMERICA, CR 20-418(A)-MWF12 Plaintiff, I R S E  $\frac{\dot{}}{\underline{U}}$ S P R S E D I N G 13  $\overline{\mathsf{I}} \ \overline{\mathsf{N}} \ \overline{\mathsf{D}}$  $\overline{I}$   $\overline{C}$   $\overline{T}$   $\overline{M}$   $\overline{E}$   $\overline{N}$   $\overline{T}$ V. 14 [18 U.S.C. § 1347: Health Care JOHN PAUL THROPAY, M.D., PATRICIA INELIA MOREIRA, Fraud; 18 U.S.C. § 1349: 15 Conspiracy to Commit Health Care ARUTYAN KARKOTSYAN, aka "Harout," and Fraud; 18 U.S.C. § 371: Conspiracy 16 RAUL DE LUNA SISON, to Solicit, Receive, and Pay aka "Raulito," Illegal Remuneration for Health 17 aka "Lito," Care Referrals; 42 U.S.C. § 1320a-7b(b): Illegal Remuneration for 18 Defendants. Health Care Referrals; 18 U.S.C. §§ 981 and 982 and 28 U.S.C. 19 § 2461(c): Criminal Forfeiture] 20 21 The Grand Jury charges: 22 COUNTS ONE THROUGH TEN 23 [18 U.S.C. §§ 1347, 2] 24 INTRODUCTORY ALLEGATIONS 25 At times relevant to this First Superseding Indictment: 26 Blue Sky Hospice, Inc. ("Blue Sky"), was a hospice care 27 provider located at 16935 Vanowen Street, Suite 205, Van Nuys,

California 91406.

- 2. Defendant JOHN PAUL THROPAY, M.D., was a resident of Arcadia, California. Defendant THROPAY was a physician licensed in California who worked for Blue Sky from approximately October 2014 to October 2016. From at least July 2015 to July 2016, defendant THROPAY was the Medical Director of Blue Sky. Defendant THROPAY was also the Medical Director associated with several other hospice companies.
- 3. Defendant PATRICIA INELIA MOREIRA was a resident of Winnetka, California. Defendant MOREIRA, a registered nurse licensed in California, was a co-owner of Blue Sky and the Director of Nursing ("DON") at Blue Sky from approximately 2013 to 2019.
- 4. Defendant ARUTYAN KARKOTSYAN, also known as "Harout," was a co-owner of Blue Sky.
- 5. Raul De Luna Sison, also known as "Raulito" and "Lito," was a patient recruiter who worked for Blue Sky from approximately 2014 to 2019.
- 6. NURSE 1 was a licensed vocational nurse licensed in California who worked for Blue Sky.
- 7. NURSE 2 was a registered nurse licensed in California who worked for Blue Sky.
- 8. NURSE 3 was a licensed vocational nurse licensed in California who worked for Blue Sky.
- 9. Blue Sky had a bank account at Wells Fargo Bank N.A. with an account number ending -2452 ("WF  $\times 2452$ "). Defendants MOREIRA and KARKOTSYAN were authorized signers on WF  $\times 2452$ .

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# The Medicare Program

- 10. Medicare was a federal health care benefit program, affecting commerce, that provided benefits to individuals who were 65 years and older or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services.

  Medicare was a "health care benefit program" as defined by Title 18, United States Code, Section 24(b) and a "Federal health care program" as defined by Title 42, United States Code, Section 1320a-7b(f).
- 11. Individuals who qualified for Medicare benefits were referred to as Medicare "beneficiaries." Each Medicare beneficiary was given a Health Identification Card Number ("HICN") unique to that beneficiary.
- 12. Hospices, physicians, and other health care providers who provided services to beneficiaries that were reimbursed by Medicare were referred to as "providers."
- 13. To become eligible to participate in Medicare, Medicare required prospective providers to be licensed by a state or local agency. After obtaining the applicable license, Medicare required prospective hospice providers to submit an application in which the prospective provider agreed to: (a) comply with all Medicare-related laws and regulations, including the Federal Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b), which prohibits the offering, paying, soliciting, or receiving of any remuneration for the referral of Medicare beneficiaries; and (b) not submit claims for payment to Medicare knowing they were false or fraudulent or with deliberate ignorance or reckless disregard of their truth or falsity. If

identifying number, which enabled the provider to submit claims to Medicare for reimbursement for services provided to Medicare beneficiaries.

- 14. Medicare was divided into different program "parts": Part A, Part B, Part C, and Part D. Medicare covered hospice services for those beneficiaries who were eligible for Medicare Part A (hospital-related services).
- To qualify for reimbursement for hospice services, Medicare required: (1) a physician to certify that the beneficiary was terminally ill; and (2) the beneficiary to sign an election form statement choosing hospice care instead of other Medicare benefits. Medicare considered a beneficiary to be "terminally ill" if the beneficiary's life expectancy was six months or less if the beneficiary's illness ran its normal course. Hospice services reimbursed by Medicare were palliative in nature and included, but were not limited to, medications to manage pain symptoms, necessary medical equipment, and bereavement services to surviving family members. Once a beneficiary chose hospice care, Medicare would not cover treatment intended to cure the beneficiary's terminal illness. The election form was required to include an acknowledgement that the beneficiary had been given a full understanding of hospice care, including the palliative rather than curative nature of treatment, and an acknowledgement that the beneficiary understood that certain Medicare services were waived by the election.
- 16. If the beneficiary had a primary care physician ("PCP"),
  Medicare required the PCP and a physician at a hospice to certify in
  writing that the beneficiary was terminally ill with a life

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expectancy of six months or less, if the terminal illness ran its normal course.

- 17. A beneficiary could elect to receive hospice benefits for two periods of 90 days and, thereafter, additional service for periods of 60 days per period.
- 18. After the second 90-day period, for the beneficiary to continue to receive hospice benefits, Medicare required that a physician re-certify that the beneficiary was terminally ill and include clinic findings or other documentation supporting the diagnosis of terminal illness. For re-certifications, Medicare required a hospice physician or nurse practitioner to meet with the beneficiary in person and conduct a face-to-face evaluation before signing a certification of terminal illness.
- 19. Most providers, including Blue Sky, submitted their claims electronically pursuant to an agreement with Medicare that they would submit claims that were accurate, complete, and truthful.

## B. THE FRAUDULENT SCHEME

20. Beginning no later than in or around August 2013, and continuing through at least in or around June 2019, in Los Angeles County, within the Central District of California, and elsewhere, defendants MOREIRA and KARKOTSYAN, together with defendant THROPAY beginning no later than in or around October 2014 and continuing through at least in or around October 2016, and together with NURSE 1 and NURSE 2 and others known and unknown to the Grand Jury, aiding and abetting each other, knowingly, willfully, and with intent to defraud, executed and willfully caused to be executed a scheme and artifice: (1) to defraud a health care benefit program, namely, Medicare, as to material matters in connection with the delivery of

and payment for health care benefits, items, and services; and (2) to obtain money from Medicare by means of material false and fraudulent pretenses, representations, and promises, and the concealment of material facts in connection with the delivery of and payment for health care benefits, items, and services.

- 21. The scheme to defraud operated, in substance, as follows:
- a. In operating Blue Sky, defendants MOREIRA and KARKOTSYAN paid recruiters, known as "marketers" or "cappers," including Sison, NURSE 1, NURSE 2, NURSE 3, and others, illegal kickbacks in exchange for referring beneficiaries to Blue Sky. The amount of the kickback varied, but was approximately \$800 per beneficiary per month the beneficiary remained on hospice care with Blue Sky. The recruiters often paid the Blue Sky beneficiaries they recruited a portion of this kickback, usually approximately \$300 to \$400 per month that the beneficiary remained on hospice care with Blue Sky.
- b. If the beneficiary recruited was eligible to receive hospice benefits from Medicare, defendant MOREIRA directed a nurse or physician, such as defendant THROPAY, to conduct an evaluation of the beneficiary. Blue Sky paid defendant THROPAY for performing evaluations of Medicare beneficiaries.
- c. During these evaluations, defendant THROPAY often conducted only a cursory examination, without consulting medical records or the beneficiary's PCP about the beneficiary's conditions, diagnoses, or prognoses, before falsely certifying that the beneficiaries were terminally ill. In fact, and as defendant THROPAY knew from his purported examinations of the beneficiaries, the

overwhelming majority of the Blue Sky hospice beneficiaries he saw were not terminally ill.

- d. In order to induce beneficiaries to continue to sign up for the unnecessary hospice care for which Blue Sky would receive payment from Medicare, defendant THROPAY would fail to explain to the beneficiaries either that he was certifying them as having a terminal illness that would likely cause them to die in six months or less or the nature of hospice services, including that accepting services from Blue Sky hospice would affect the beneficiaries' ability to receive services from other providers, including their PCPs.
- e. After defendant THROPAY's certification, defendant MOREIRA directed NURSE 2 or another registered nurse, to conduct an initial assessment of the beneficiary. At the direction of defendant MOREIRA, NURSE 2 sometimes signed prefilled patient records and/or falsified patient records for assessments NURSE 2 never conducted. Once the beneficiary was admitted to hospice, defendant MOREIRA directed NURSE 1 or another licensed vocational nurse to visit the patients. Defendant MOREIRA directed NURSE 1 to sign revised visit notes that made the patients look sicker than they really were and fabricated patient records for visits NURSE 1 never conducted.
- f. Once the beneficiary was admitted to hospice, defendants MOREIRA and KARKOTSYAN caused Blue Sky to fraudulently bill Medicare for medically unnecessary hospice services for beneficiaries obtained through the payment of illegal kickbacks.
- g. Between October 2014 and October 2016, Blue Sky submitted to Medicare approximately \$2,840,857 in claims for hospice services provided to beneficiaries with defendant THROPAY listed as

the attending physician on the claims, and was paid approximately \$1,665,700 based on these claims.

h. Between August 2013 and June 2019, defendants MOREIRA and KARKOTSYAN submitted to Medicare on Blue Sky's behalf approximately \$9,159,100 in claims for hospice services purportedly provided to beneficiaries and was paid approximately \$5,488,283 as a result. Defendants KARKOTSYAN and MOREIRA knew that some of these claims were caused by illegal kickbacks. Defendant MOREIRA knew that some of these claims were related to care that did not meet Medicare's coverage criteria and/or was not provided to the beneficiaries.

# C. EXECUTIONS OF THE SCHEME TO DEFRAUD

22. On or about the dates set forth below, within the Central District of California, and elsewhere, defendants THROPAY, MOREIRA, and KARKOTSYAN, together with others known and unknown to the Grand Jury, aiding and abetting each other, knowingly and willfully executed and willfully caused the execution of the fraudulent scheme described above by submitting and causing to be submitted to Medicare the false and fraudulent claims identified below and caused Medicare to make the following payments:

COUNT	DEFENDANT (S)	CLAIM NO.	DATE CLAIM PAID	APPROX. AMOUNT OF CLAIM BILLED	BENE- FICIARY
ONE	THROPAY, MOREIRA, KARKOTSYAN	215246002 -80004CAR	9/17/2015	\$7,989	P.L.
TWO	THROPAY, MOREIRA, KARKOTSYAN	215246003 -02104CAR	9/28/2015	\$7,989	E.L.
THREE	THROPAY	215278003 -21504CAR	10/19/2015	\$7 <b>,</b> 095	M.L.

COUNT	DEFENDANT (S)	CLAIM NO.	DATE CLAIM PAID	APPROX. AMOUNT OF CLAIM BILLED	BENE- FICIARY
FOUR	THROPAY, MOREIRA, KARKOTSYAN	215308001 -82404CAR	11/18/2015	\$6,474	F.C.
FIVE	MOREIRA	215215003 -30904CAR	08/17/2015	\$5 <b>,</b> 488	C.D.
SIX	MOREIRA	215308003 -34204CAR	11/18/2015	\$9,040	S.M.
SEVEN	MOREIRA, KARKOTSYAN	215308002 -01104CAR	11/18/2015	\$11,000	C.E.
EIGHT	MOREIRA, KARKOTSYAN	216033003 -25704CAR	2/16/2016	\$8,600	A.A.
NINE	MOREIRA, KARKOTSYAN	216064002 -83404CAR	3/18/2016	\$7 <b>,</b> 025	M.V.
TEN	MOREIRA, KARKOTSYAN	216064002 -66004CAR	3/30/2016	\$7 <b>,</b> 077	E.K.

COUNT ELEVEN

[18 U.S.C. § 1349]

23. The Grand Jury incorporates paragraphs 1 through 19 and 21 through 22 of this First Superseding Indictment here.

# A. OBJECT OF THE CONSPIRACY

24. Beginning no later than in or around August 2013, and continuing through at least in or around June 2019, in Los Angeles County, within the Central District of California, and elsewhere, defendants MOREIRA and KARKOTSYAN, together with defendant THROPAY beginning no later than in or around October 2014 and continuing through at least in or around October 2016, knowingly conspired with one another and with coconspirators NURSE 1 and NURSE 2, and others known and unknown to the Grand Jury, to commit health care fraud, in violation of Title 18, United States Code, Section 1347.

## B. MANNER AND MEANS OF THE CONSPIRACY

25. The object of the conspiracy was carried out, and to be carried out, in substance, as set forth in paragraph 21 of this First Superseding Indictment.

COUNT TWELVE

[18 U.S.C. § 371]

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The Grand Jury incorporates paragraphs 1 through 19 and 21 through 22 of this First Superseding Indictment here.

#### Α. OBJECT OF THE CONSPIRACY

- Beginning in or around August 2013, and continuing through in or around June 2019, in Los Angeles County, within the Central District of California, and elsewhere, defendants MOREIRA, KARKOTSYAN and SISON knowingly conspired with one another and with coconspirators NURSE 1 and NURSE 2, and others known and unknown to the Grand Jury, to commit the following offenses against the United States:
- Knowingly and willfully soliciting and receiving remuneration in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A); and
- b. Knowingly and willfully offering to pay and paying any remuneration to any person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

#### MANNER AND MEANS OF THE CONSPIRACY В.

The objects of the conspiracy were carried out, and to be carried out, in substance, as set forth in paragraph 21 of this First Superseding Indictment.

# C. OVERT ACTS

29. On or about the following dates, in furtherance of the conspiracy and to accomplish its objects, defendants MOREIRA, KARKOTSYAN, and SISON, and coconspirators NURSE 1 and NURSE 2 committed, and willfully caused others to commit, the following overt acts, among others, within the Central District of California and elsewhere:

Overt Act No. 1: On August 11, 2015, defendants MOREIRA and KARKOTSYAN paid NURSE 1 and NURSE 2 a total of approximately \$1,600 for recruiting E.L. and P.L. to receive hospice from Blue Sky.

Overt Act No. 2: On August 11, 2015, NURSE 1 and NURSE 2 paid E.L. and P.L. a total of approximately \$1,000 for agreeing to receive hospice from Blue Sky.

Overt Act No. 3: On September 30, 2015, defendants MOREIRA and KARKOTSYAN paid NURSE 1 and NURSE 2 approximately \$800 for recruiting F.C. to receive hospice from Blue Sky.

Overt Act No. 4: On September 30, 2015, NURSE 1 and NURSE 2 paid F.C. approximately \$300 for agreeing to receive hospice from Blue Sky.

Overt Act No. 5: On October 2, 2015, defendant KARKOTSYAN wrote a check to cash in the amount of \$800 drawn on the WF x2452 bank account and which was endorsed by NURSE 1, for the referral of Medicare patients to Blue Sky.

Overt Act No. 6: On November 5, 2015, defendant KARKOTSYAN wrote a check in the amount of \$800 drawn on the WF x2452 bank account, and which was endorsed by NURSE 1, for the referral of Medicare patients to Blue Sky.

Overt Act No. 7: On February 12, 2016, defendants MOREIRA and KARKOTSYAN paid defendant SISON a total of approximately \$1,600 for recruiting M.V. and E.K. to receive hospice from Blue Sky. Overt Act No. 8: On February 12, 2016, defendant SISON paid E.K. and M.V. a total of approximately \$400 for agreeing to receive hospice from Blue Sky. Overt Act No. 9: On February 25, 2016, defendants MOREIRA and KARKOTSYAN paid defendant SISON approximately \$800 for recruiting C.E. to receive hospice from Blue Sky. Overt Act No. 10: On February 25, 2016, defendant SISON paid C.E. approximately \$250 for agreeing to receive hospice from Blue Sky.

# COUNTS THIRTEEN THROUGH TWENTY-ONE

[42 U.S.C. § 1320a-7b(b)(2)(A); 18 U.S.C. § 2]

- 30. The Grand Jury incorporates paragraphs 1 through 19 and 21 through 22 of this First Superseding Indictment here.
- 31. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendants MOREIRA, KARKOTSYAN, and SISON, aiding and abetting each other, knowingly and willfully offered and paid remuneration, namely, checks and cash in the amounts identified below, which constituted kickbacks to the individuals listed below for referring patients to Blue Sky for hospice services, for which payment could be made in whole and in part under a Federal health care program, namely, Medicare:

COUNT	DEFENDANT(S)	APPROX. DATE	PAYOR	PAYEE	APPROX. AMOUNT
THIR- TEEN	KARKOTSYAN	10/2/2015	KARKOTSYAN	NURSE 1	\$800 (WF x2452 Check No. 1679)
FOUR- TEEN	KARKOTSYAN	11/5/2015	KARKOTSYAN	NURSE 1	\$800 (WF x2452 Check No. 1764)
FIFTEEN	MOREIRA	1/21/2016	MOREIRA	NURSE 3	\$900 (WF x2452 Check No. 1920)
SIXTEEN	MOREIRA, KARKOTSYAN	2/12/2016	MOREIRA, KARKOTSYAN	SISON	\$800

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COUNT	DEFENDANT(S)	APPROX. DATE	PAYOR	PAYEE	APPROX. AMOUNT
SEVEN- TEEN	MOREIRA, KARKOTSYAN	2/12/2016	MOREIRA, KARKOTSYAN	SISON	\$800
EIGHT- TEEN	SISON	2/12/2016	SISON	M.V.	\$200
NINE- TEEN	SISON	2/12/2016	SISON	E.K.	\$200
TWENTY	MOREIRA, KARKOTSYAN	2/25/2016	MOREIRA, KARKOTSYAN	SISON	\$800
TWENTY- ONE	SISON	2/25/2016	SISON	C.E.	\$250

COUNTS TWENTY-TWO THROUGH TWENTY-FOUR

[42 U.S.C. § 1320a-7b(b)(1)(A); 18 U.S.C. § 2]

32. The Grand Jury incorporates paragraphs 1 through 19 and 21 through 22 of this First Superseding Indictment here.

33. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendant SISON knowingly and willfully received remuneration, namely, cash in the amounts identified below, which constituted kickbacks from and to the individuals listed below for referring patients to Blue Sky for hospice services, for which payment could be made in whole and in part under a Federal health care program, namely, Medicare:

COUNT	APPROX. DATE	PAYOR	PAYEE	APPROX. AMOUNT
TWENTY-	2/12/2016	MOREIRA, KARKOTSYAN	SISON	\$800
TWENTY- THREE	2/12/2016	MOREIRA, KARKOTSYAN	SISON	\$800
TWENTY- FOUR	2/25/2016	MOREIRA, KARKOTSYAN	SISON	\$800

### FORFEITURE ALLEGATION ONE

[18 U.S.C. § 982]

- 1. Pursuant to Rule 32.2(a), Fed. R. Crim. P., notice is hereby given that the United States will seek forfeiture as part of any sentence, pursuant to Title 18, United States Code, Section 982(a)(7), in the event of any defendant's conviction of the offenses set forth in any of Counts One through Eleven of this First Superseding Indictment.
- 2. Any defendant so convicted shall forfeit to the United States of America the following:
- (a) All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of any offense of conviction; and
- (b) To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).
- 3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), any defendant so convicted shall forfeit substitute property, up to the total value of the property described in the preceding paragraph if, as a result of any act or omission of said defendant, the property described in the preceding paragraph, or any portion thereof (a) cannot be located upon the exercise of due diligence; (b) has been transferred, sold to or deposited with a third party; (c) has been placed beyond the jurisdiction of the Court; (d) has been substantially diminished in value; or (e) has been commingled with other property that cannot be divided without difficulty.

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FORFEITURE ALLEGATION TWO

[18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461(c)]

1. Pursuant to Rule 32.2 of the Federal Rules of Criminal Procedure, notice is hereby given that the United States of America will seek forfeiture as part of any sentence, pursuant to Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c), in the event of any defendant's conviction of the offenses set forth in any of Counts Twelve through Twenty-Four of this First Superseding Indictment.

- 2. Any defendant so convicted shall forfeit to the United States of America the following:
- (a) all right, title, and interest in any and all property, real or personal, constituting, or derived from, any proceeds traceable to the offenses; and
- (b) To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).
- 3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 28, United States Code, Section 2461(c), any defendant so convicted shall forfeit substitute property, up to the value of the property described in the preceding paragraph if, as the result of any act or omission of said defendant, the property described in the preceding paragraph or any portion thereof (a) cannot be located upon the exercise of due diligence; (b) has been transferred, sold to, or deposited with a third party; (c) has been placed beyond the jurisdiction of the court; (d) has been

substantially diminished in value; or (e) has been commingled with 1 2 other property that cannot be divided without difficulty. 3 4 A TRUE BILL 5 6 /S/ Foreperson 7 TRACY L. WILKISON 8 Acting United States Attorney 9 10 11 SCOTT M. GARRINGER 12 Assistant United States Attorney Chief, Criminal Division 13 RANEE A. KATZENSTEIN 14 Assistant United States Attorney Chief, Major Frauds Section 15 16 ALEXANDER B. SCHWAB Assistant United States Attorney 17 Acting Deputy Chief, Major Frauds Section 18 JOSEPH S. BEEMSTERBOER Acting Chief, Fraud Section 19 U.S. Department of Justice 20 ALLAN MEDINA 21 Deputy Chief, Fraud Section U.S. Department of Justice 22 NIALL M. O'DONNELL 23 Assistant Chief, Fraud Section 24 U.S. Department of Justice 25 EMILY Z. CULBERTSON Trial Attorney, Fraud Section 26 U.S. Department of Justice 27